

**FAX****FORM  
LOB**

(Rev. 5/2012)

**HAWAII STATE ETHICS COMMISSION****LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

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REPORT YEAR: 2013☐ Amended StatementSTATE OF HAWAII  
STATE ETHICS COMMISSIONFor Lobbying Reporting Period: ☒ January 1 - last day of February☐ March 1 - April 30☐ May 1 - December 31**LOBBYIST INFORMATION**

Botticelli

Ann

Last Name

First Name

M.I.

Hawaiian Airlines, Inc.

Lobbyist Firm/Employer

3375 Koapaka Street

Suite H-490

Mailing Address (Number and Street or P.O. Box)

Honolulu

HI

96819

City

State

Zip Code

(808) 835-3700

ann.botticelli@hawaiianair.com

Telephone

Extension

Email Address

**PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)**

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Other Disbursements	Loans	EXPENDITURES	TOTAL
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	Total Expenditures from Additional Attached Sheet(s)										100

Add Total Expenditures (lines 1 through 16) ..... Total Expenditures ► 100

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG	Amount or Value
N/A		

☐ Check here if additional sheets are attached**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value
N/A		

☐ Check here if additional sheets are attached**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value
N/A		

☐ Check here if additional sheets are attached**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation            |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below): _____              |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge.

Signature of Lobbyist

Ann Botticelli

Print Name

Date

SVP, Corp Comm/Public Affairs

Title